



# FINANCIAL STATUS REPORT

(Short Form)

(Follow Instructions on next page)

|  |  |  |   |   |                      |   |
|--|--|--|---|---|----------------------|---|
| 1. Federal Agency and Organizational Element to which Report is Submitted<br><br><b>U.S. Dept. of Justice<br/>Office of Justice Programs (OJP)</b>   |  | 2. Grant or Award Number Assigned by OJP   |   | OMB Approval No.<br><br>1121-0264<br><br>Expires: 01/3/2006 | Page<br><br><b>1</b> | of<br><br><b>1</b><br><br>pages         |
| 3. Recipient Organization (Name and complete address, including ZIP code)  |  |  |   |   |                      |   |
| 4. Vendor Number   |  | 5. Recipient internal code or Identifying Number (if any)  |   | 6. Final Report<br><br><b>G Yes G No</b>                    |                      | 7. Basis<br><br><b>G Cash G Accrual</b> |
| 8. Funding/Grant Period (See Instructions)<br>From: (Month, Day, Year) To: (Month, Day, Year)  |  |  | 9. Period Covered by this Report<br>From: (Month, Day, Year) To: (Month, Day, Year) |   |                      |   |
| 10. Transactions:  |  |  | I<br>Previously Reported  | II<br>This<br>Period  | III<br>Cumulative    |   |
| a. Total outlays   |  |  |   |   |                      |   |
| b. Recipient share of outlays  |  |  |   |   |                      |   |
| c. Federal share of outlays  |  |  |   |   |                      |   |
| d. Total unliquidated obligations  |  |  |   |   |                      |   |
| e. Recipient share of unliquidated obligations   |  |  |   |   |                      |   |
| f. Federal share of unliquidated obligations   |  |  |   |   |                      |   |
| g. Total Federal share (Sum of lines c and f)  |  |  |   |   |                      |   |
| h. Total Federal funds authorized for this funding period  |  |  |   |   |                      |   |
| i. Unobligated balance of Federal funds (Line h minus line g)  |  |  |   |   |                      |   |
| 11. Indirect Expense   |  | a. Type of Rate (place "x" in appropriate box)<br><br><b>G Provisional G Predetermined G Final G Fixed</b> |   |   |                      |   |
|  |  | b. Rate  | c. Base   | d. Total Amount   | e. Federal Share     |   |
| 12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.   |  |  |   |   |                      |   |
| A. Block/Formula passthrough \$  |  |  | PROGRAM INCOME:   |   |                      |   |
| B. Federal Funds Subgranted \$   |  |  | C. Forfeit \$   | E. Expended \$  |                      |   |
|  |  |  | D. Other \$   | F. Unexpended \$  |                      |   |
| 13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. |  |  |   |   |                      |   |
| Typed or Printed Name and Title  |  |  |   | Telephone (Area code, number and extension)                 |                      |   |
| Signature of Authorized Certifying Official  |  |  |   | Date Report Submitted                                       |                      |   |

DOJ Standard Form 269a (REV 2002)

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